PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number

10065807

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OTHER THAN		
TOTAL CLAIMS			عا				ſ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	basic fee	740.00
TOTAL CHARGEABLE CLAIMS			∬ minus 20=		• 1		I	X\$ 9=		OR	X\$18=	18-
INDEPENDENT CLAIMS			9 minus 3 =		5			X42=		OR	X84≖	490
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	720
• 11	the difference	in column 1 is	r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	1178.		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Colum						(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	THAN
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 22	Minus	2	1	- /		X\$ 9=		OR	X\$18=	18.00
	Independent	• 9	Minus	*** 8	>	-/		X42=		OR	X84=	84.00
	FIRST PRESE	ENTATION OF MI	ULTIPLE DE	PENDEN	CLAIM		1	+140=		OR	+280=	
							L	TOTAL DDIT. FEE		OR	YOTAL ADDIT, FEE	182.00
Z	-3-05	(Column 1)		(Colu	mn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIĞI- NUM PREVII PAID	BER	PRESENT EXTRA][RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 26	Minus	** 2	22	- 4	1 [X\$ 9=		OR	X\$18-	200
	Independent	.10	Minus	444	9	-/-]	X42=		OR	XX	200
	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		┚┠	+140=		OR	+280=	000
							L	TOTAL		OR	YOTAL	400
		(Column 1)		(Calu	Ol	(Column 3)		DDIT. FEE		Į ON	ADDIT. FEE	7///
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		(Colui HIGH NUM PREVE PAID	BER OUSLY	PRESENT EXTRA	Ìſ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
	Total	. 25	Minus		26		1	X\$ 9=	FEE		X\$18=	FEE
	Independent	. 10	Minus	***	10		1 -			OR		
⋖	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIM		1	X42=		OR	X84=	
• :	f the entry in cohin	mn 1 is less than (ha anizu in col	uma 2 willi	e "O" in em	luma 3.	L	+140=		OR	+280=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		nber Previously Pa					er foun	id in the app	ropriate box	in co	lumn 1.	